

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572639

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
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46			/			
47			/			
48			/			
49			/			
50						
TOTAL IND.		↓	18	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			49			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52						
53				/		
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			13			